





# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

application of:

Callaway et al.

Docket No.: 9417.17685-DIV

Serial No .:

10/767,673

Examiner: C. Miller

Filed:

29 January 2004

Group Art Unit: 3738

For:

Adjustable Bone Prostheses and Related Methods

**Mail Stop Amendment Commissioner for Patents** PO Box 1450 Alexandria, VA 22313-1450

# AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

# **STATUS**

2	۸m	nli	~~	•	in
<b>L</b> . <i>I</i>	٦þ	μıι	car	ш	12

[x] a small entity

[ ] other than a small entity.

### **CERTIFICATE OF MAILING (37 CFR 1.8(a))**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Linda S. Wenzel

(Signature of person mailing paper)

Date: 7 February 2005

03/01/2005 FMETEKI1 00000029 10767673

01 FC:2252

225.00 OP

### **EXTENSION OF TERM**

NOTE:	"Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.			
	a Notice of App the timely-filed i	neal or filing and/or entry of an addit	ional amendment after expirati ondition for allowance. Of cours	e is required to permit filing and/or entry of ion of the shortened statutory period unless se, if a Notice of Appeal has been filed within er 10, 1985 (1061 O.G. 34-35).
NOTE:	See 37 CFR 1.645 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time reexamination proceedings.			
3.	The procee	dings herein are for a pate	nt application and the p	provisions of 37 CFR 1.136 apply
		(complete (a	) or (b) as applicable)	
	(a) [x]		an extension of time un he total number of mon	der 37 CFR 1.136 (fees: 37 CFR oths checked below:
	Extension		other than	Fee for
	(months)		II Entity	Small Entity
[ ] [x]	one month two months		20.00 50.00	\$ 60.00 \$ 225.00
[ ]	three month		20.00	\$ 510.00
įį	four months		90.00	\$ 795.00
[ ]	five months	\$216	60.00	\$1080.00
		Fee: \$ <u>225.00</u>	)	
	If an additio	onal extension of time is req	uired please consider t	his a petition therefor.
		(check and complet	e the next item, if applic	cable)
	ther	extension for refor of \$ extension now requested.	_ months has already _ is deducted from the	been secured and the fee paid total fee due for the total months
	Exte	ension fee due with this req	uest: \$	
			0.0	
			OR	

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

(b)

[]

[ ]

# **FEE FOR CLAIMS**

ee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(i)*	4	-20 =	(16)	x \$ 25.00	\$0	\$0
Independent Claims (37 CFR 1.16(h)**	1	-3 =	(2)	x \$ 100.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(j))				\$180.00	. \$0	\$0
Total Additional Fee					\$0	\$0

If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

"After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added). WARNING:

(complete (c) or (d) as applicable)

(c)	[x]	No additional fee for claims	is required.
			OR
(d)	[ ]	Total additional fee for claims required \$	
			FEE PAYMENT
ן אן	Attach	ed is a check in the sum of \$	225.00

Charge Account No. \_\_\_\_ the sum of \$\_

# **FEE DEFICIENCY**

NOTE:

If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any overpayment of fees or additional extension and/or fee is required, charge Account No. 06-2360.

# AND/OR

[x]	If any overpayment of fees or additional fee for claims is required charge Account No. 06-2360		
		Patricia a Sumbach	
		SIGNATURE OF ATTORNEY	
Reg. No.: 50,295	Patricia A. Limbach		
		TYPE OR PRINT NAME OF ATTORNEY	

Tel. No.: (262) 783 - 1300

RYAN KROMHOLZ & MANION, S.C.

P.O. ADDRESS

Post Office Box 26618

Miturulus a Microscip, 52226

Milwaukee, Wisconsin 53226

Customer No. 26308